								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO Effective December 29, 1999								Ø	9/463	. 1	م		
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMA		ENTITY	OR	OTHER SMALL		
FOR NUMBER FILED NUMBER EX						EXTRA	RAT	E	FEE	1	RATE	FEE	
BASIC FEE								Ž.	345.00	OR		690.00	
TOTAL CLAIMS			/7 minus 20=		20= *	*		=		OR	X\$18=		
INDEPENDENT CLAIMS			3_	minus :	3 = *	*				OR	X78=		
MULTIPLE DEPENDENT CLAIM PRESENT							+130	=		OR	_+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTA			OR	TOTAL	690	
CLAIMS AS AMENDED - PART II										10	OTHER		
(Column 1)					(Column 2) (Column 3)			SMALL ENTITY			SMALL	ENTITY	
AMENDMENT A		CLAIM REMAIN AFTE AMENDM	IING R		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATI	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· []	_	Minus	20	=	X\$ 9	=		OR	X\$18=)	
	Independent	· 3	l	Minus	··· 3	=	X39:	=		OR	X78=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+130	=		OR	+260=	V	
							TO [*]				TOTAL ADDIT. FEE	6400	
	(Column 1) (Column 2) (Column 3)							EE			AUUII. FEE		
AMENDMENT B		CLAIN REMAIN AFTE AMENDN	ING R		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATI	Ē	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*		Minus	**	=	X\$ 9	=		OR	X\$18=		
	Independent			Minus	***]=	X39=	=		OR	X78=		
<u> </u>	FIRST PRESE	NIATION	OF MU	LIPLE DEF	PENDENT CLAIN	1	+130	_		OR	+260=		
							TOT	ĀL			TOTAL		
		(Colum	ın 1\		(Column 2)	(Column 3)	ADDIT. F	EE		JOI 1	ADDIT. FEE		
၁		CLAIN	/IS		HIGHEST			_	ADDI-	1		ADDI-	
AMENDMENT C		REMAIN AFTE AMENDA	R		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	=	TIONAL FEE		RATE	TIONAL	
	Total	*		Minus	**	=	X\$ 9:	= .		OR	X\$18=		
	independent	*		Minus	***	=	X39=				X78=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							-		OR			
	If the entry in colu	mn 1 is less	than the	e entry in colu	mn 2 write "0" in o	olumn 3	+130:			OR	+260=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
						e highest number fo	und in the	apı	oropriate box	in col	umn 1.		